



ASC Utilization Report  
State Form 49933 (R3/6-05)  
Indiana State Department of Health  
Acute Care

Status: Finalized

I. Center Identification

Organization Name: SURGICAL CENTER OF NEW ALBANY

Street Address: 2201 Green Valley Rd

City: New Albany

County: IN

Administrator Name: Marianne

Administrator Email: marianne.will@surgerypartners.com

ASC Web Address:

Fiscal Year: 2017

Accredited:  Yes  No

Name of Accrediting Body: AAAHC

Deemed Status:  Yes  No

Corporate Tax Status:  For Profit  Non Profit

II. Identification of Surgical Resources

Number of operating rooms	2
Number of procedure rooms	2

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	1423	5826
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
64493	693	
G0260	671	
66984	541	
64494	539	
64495	512	
64483	491	
62323	281	

64636	280
64635	231
64490	224

#### IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	0
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